

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 261.07 Convention		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Federation of Natives 1577 C Street, Suite 300, Anchorage, AK 99501					
4. Employer Identification Number 920034863		5. Recipient Account Number or Identifying Number 261.07		8. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
6. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/06		To: (Month, Day, Year) 11/31/07		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006	
				To: (Month, Day, Year) 12/31/2006	
10. Transactions:				I Previously Reported	II This Period
					III Cumulative
a. Total outlays				0.00	12,500.00
b. Recipient share of outlays					0.00
c. Federal share of outlays				0.00	12,500.00
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)					12,500.00
h. Total Federal funds authorized for this funding period					12,500.00
i. Unobligated balance of Federal funds (Line h minus line g)					0.00
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. See closing report. This award helped defray cost of printing the AFN Convention Guide.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Gladys C. CHARLES, VP ADMINISTRATION				Telephone (Area code, number and extension) 907-274-3611	
Signature of Authorized Certifying Official <i>Gladys C. Charles</i>				Date Report Submitted May 7, 2007	

NSN 7540-01-218-4387

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ACCEPTED

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-111

ENTERED